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INFORMATIONAL LETTER #97-2

DATE: March 14, 1997

TO: All Idaho Nursing Facilities

FROM: John W. Hathaway, Chief
Bureau of Facility Standards

SUBJECT: **SIDE RAIL INTERIM POLICY**

Enclosed is your copy of an interim policy we received on February 21, 1997, from the Health Care Financing Administration regarding the use of side rails in skilled nursing facilities.

The interim policy is consistent with the guidance to surveyors and with the Bureau's current interpretation of the regulations regarding restraints, informed consent, and assessment.

As always, if you have questions or comments, please feel free to contact this office at (208) 334-6626.

JOHN W. HATHAWAY, Chief
Bureau of Facility Standards

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Enclosure
cc: Idaho Heath Care Association

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Bureau of Facility Standards

1. Introduction. Determining when the use of side rails complies with Federal requirements has proven problematic for surveyors and facilities alike. One misconception is that side rails are in and of themselves prohibited by Federal requirements; that is, equipping a nursing home bed with side rails automatically constitutes deficient nursing home practice.

   Another misconception is that side rails are an effective and/or benign safety device. Depending on the resident's status, all types of side rails may pose an increased risk to safety. This risk is increased regardless of the resident's condition, when side rails of any length are used in combination with any physical restraint attached to the body, such as vest/chest, waist, leg/arm.

   The most common form of injury to persons enclosed by side rails occurs when the resident climbs over the rails and falls to the floor. Research conducted at the University of Minnesota indicates that vest restraints do not decrease this hazard but increase the likelihood that a falling resident will be suspended and suffocate. This research also indicated a second type of hazard, which relates to injuries caused when residents are trapped between the side rails and the mattress of the bed frame in a way that can cause death. These injuries are more common when there is mis-sizing of bed and mattress and/or when residents are confused; restless; agitated; ambulatory; and/or partially independent in transferring.

   Finally, side rails pose the same potential adverse effects of other physical restraints including increasing immobility, deleterious psychological effects, urinary incontinence, and occult infections.

2. Purpose and Definition. Depending on their purpose, side rails may or may not be restraints. When used for the purpose of keeping a resident from getting out of bed and that resident wants to get out of bed, side rails meet the definition of physical restraints and must comply with requirements found at 42 CFR 483.13(a), and which are defined at F221 of Transmittal No. 274 (p. PP-45). When used to facilitate mobility in and out of bed, side rails do not meet the definition of restraints. When side rails serve multiple purposes (e.g., to facilitate in-bed mobility and to keep a resident from getting out of bed when the resident wants to get out of bed), they must be evaluated as physical restraints.

   Side rails used on the bed of a resident who is completely immobile, while of questionable necessity, are not considered restraints.

3. Resident's/Representative's Choice. If a resident/representative requests side rails, then facility staff have a responsibility to assess the resident at the request, to talk about the risks involved with the resident/representative, and describe alternative individualized care practices (e.g., a lower bed) that may be safer and appropriate for that resident. If one of the reasons the resident/representative wants the side rails up is to keep the resident from getting out of bed that request must stand the regulatory test of medical symptoms, which are described in the State Operations Manual Transmittal No. 274, at F221 (PP-47); that is, the facility may comply with the request only if there is a medical symptom that would justify the use of side rails.

   If the resident/representative requests side rails for a reason other than to keep the resident from getting out of bed, the facility must thoroughly assess the risks and benefits of using side rails for that resident against the risks and benefits of other interventions, especially focusing on the potential danger imposed by raised side rails on the resident.

4. Assessment. Intervention must be made only after thoroughly assessing the resident's needs. For example, if a resident's behavior is wandering at night, determine the cause of the behavior (dementia, a lifelong habit of staying up at night, etc.) and if the behavior is caused by a failure to:
   a. meet individual needs in accordance with section III of the MDS, Customary Daily Routines (MDS version 2.0 section AC);
   b. provide meaningful activities at night; or
   c. manipulate the resident's environment.

   Address the behavior through individualized care planning. For example, for a resident with a lifelong habit of staying up at night, provide nighttime activity.

   Regardless of the purpose for which they are considered to be utilized, any decision to use side rails must occur within a framework of individual resident assessment that:
   a. identifies the purpose of using side rails for that resident; and
   b. weighs the risks and probable effects of the use of side rails against the risks and probable effects of other interventions.

   Only after it has been determined that the risk of side rail use poses less danger than other interventions may the facility raise the side rails for that resident. If the facility makes that determination, it should continue to review the effect of that intervention on the resident through an ongoing loop of evaluation that includes an assessment for outcomes when using side rails, adverse effects (declining

function, entrapment, etc.) and attempts to eliminate the need for side rails. It is the facility's responsibility to determine that the resident's choice is reflected in the above process, the surveyor's responsibility to review the facility's system in this regard, and the responsibility of both parties to be familiar with the Food & Drug Administration Safety Alert on Side Rails (August 23, 1995)

5. Summary. Side rails may be appropriate when used to assist the resident maintain or attain his or her highest practicable level of physical, mental and psychosocial functioning. The decision regarding whether to raise side rails needs to be made after clinical evaluation at the bed side and interdisciplinary care planning. The purpose for that intervention must be determined. That is, if the purpose is either to facilitate in-bed mobility and/or transfer, the side rails are not being used for the purpose of restraining the resident. If the purpose and effect of the side rails is to prevent a resident from getting out of bed when that resident wants to get out of bed, then side rails are being used as restraints and follow the evaluation process found in the State Operations Manual, Transmittal No. 274 (p. PP-47).